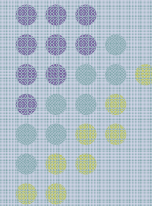


# MHSA FULL SERVICE PARTNERSHIP OUTCOMES ASSESSMENTS

California Department of Mental Health  
Performance Outcomes & Quality Improvement

Revised: May 2007



## *Training Overview*

### Background

- Context of the Initial Evaluation of Full Service Partners
- Full Service Partnership (FSP) Target Population

### Full Service Partnership Outcomes Assessment

- FSP Forms & Methodology

### Data Submission to DMH

- Option 1: On-Line Data Entry
- Option 2: XML Data Submission

### Getting Your Data Back

### County “Certification”

### DMH Staff Contact Information

2





## **Context of the Initial Evaluation of Full Service Partners**

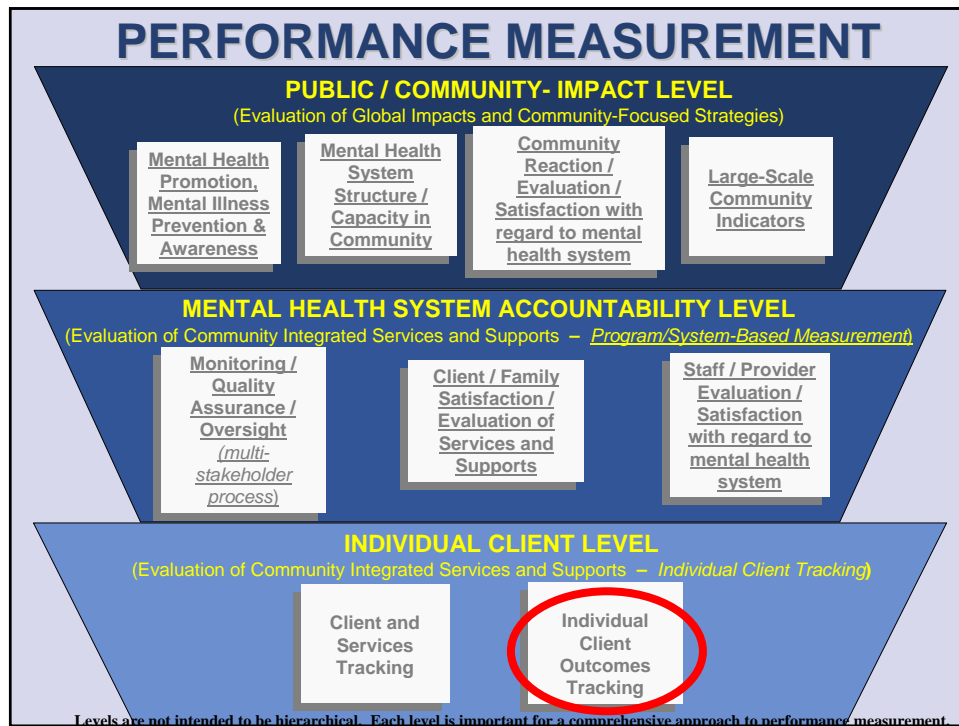
3



## **Full Service Partnership Outcomes Assessment Background**

- Current outcomes are guided by legislation including: Realignment, Children's System of Care, Medi-Cal and the Federal Block Grant, etc. and recovery-based system transformational agendas such as "The President's New Freedom Act" and the "Mental Health Services Act"
- With its emphasis on accountability, the Mental Health Services Act (MHSA) greatly expands our need for data at multiple levels
- In response to these increased demands, DMH convened a Performance Measurement and Advisory Committee (PMAC)
- DMH and the PMAC developed methods to measure the impact of MHSA services on individuals modeled after the successful AB2034 Program
- What we will discuss today is the first component of a comprehensive statewide system being developed to measure outcomes at the Individual, System and Public/Community impact levels as they relate to the MHSA

4



# Target Population for the Initial Evaluation of Full Service Partners

6



### ***Individual Outcomes Data Collection Target Population***

The target population for individual outcomes data collection is based on four age groupings as specified in the Community Services and Supports (CSS) Plans

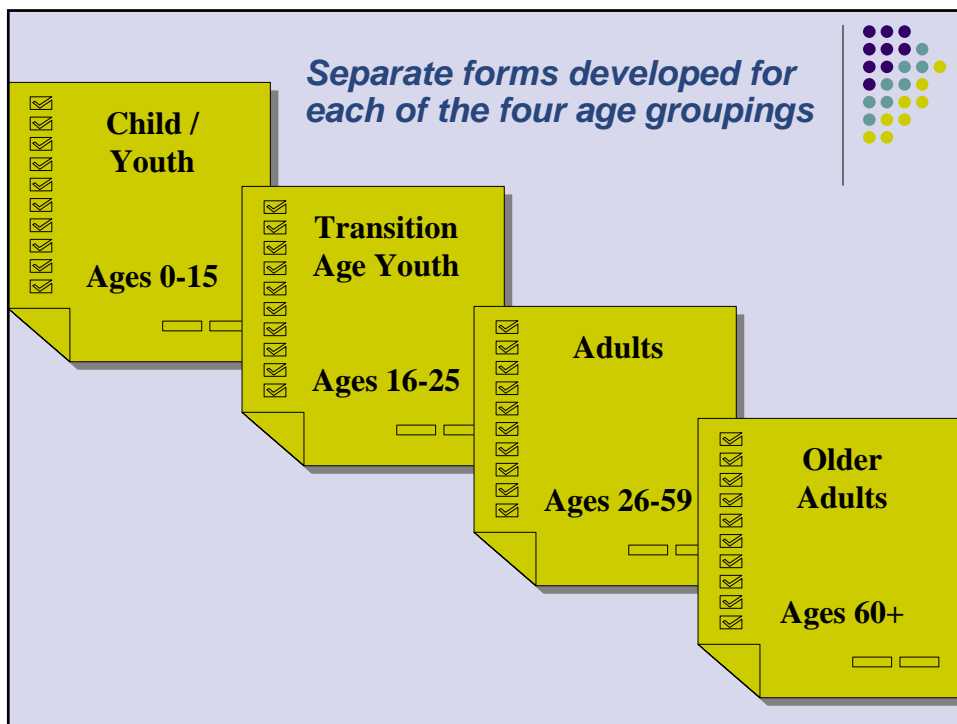
- Youth (ages 0-15)
- Transitional Age Youth (ages 16-25)
- Adults (ages 26-59)
- Older Adults (ages 60+)

7



### **MHSA Full Service Partnership Forms & Methodology**

8



## MHSA FULL SERVICE PARTNERSHIP FORMS

Designed to gather:  
**History/Baseline data:**

**Partnership Assessment Form (PAF) –**

*Typically completed ONCE, when partnership is established  
(Exception: interruption in services)*

**Follow-Up data:**

**Key Event Tracking Form (KET) –**

*Completed when change occurs in key areas*

**Quarterly Assessment (3M) –**

*Completed every 3 months*

## PARTNERSHIP ASSESSMENT FORM

***Collects historical and baseline data about:***



**Residential History** (includes hospitalization & incarceration): Where the partner is sleeping now, where he/she was sleeping last night and where he/she has been living for the past 12 months

**Education:** Highest level of education, current and past school attendance and grades, current and past participation in other types of educational settings

**Employment:** Current and past participation in various employment settings, average hourly wages and average hours worked per week now and over the past 12 months

**Sources of Financial Support:** Current and historical source of financial support

**Legal Issues/Designations:** Current and historical involvement with the legal and criminal justice system, foster care status, custody status of children

**Emergency Intervention:** Number of physical health-related and mental-health/substance abuse-related emergency interventions over the past 12 months

**Health Status:** Whether the partner has or had access to a primary care physician over the past 12 months

**Substance Abuse:** Whether the partner has a co-occurring mental health/substance use problem and whether they are receiving treatment for their substance use issues.

**ADL/IADL - Older Adults Only:** Gathers information about current functional ability in certain key areas.

11

## KEY EVENT TRACKING FORM

***Completed when there are changes in any of the following key areas:***



**Administrative Information:** Such as changes in partnership status (discontinuations or interruptions) or changes in FSP or other program participation

**Residential** (includes hospitalization and incarceration): Such as whenever a partner moves from a residential setting or moves from one physical location to another

**Education:** Such as when a partner completes a grade, is suspended or expelled or when he/she enrolls or stops attending other types of educational settings

**Employment:** Such as changes in hours, hourly wages, or type of employment settings

**Legal Issues/Designations:** Such as when a partner is arrested, removed or placed on probation or parole, or placed or removed from conservatorship or payee status

**Emergency Interventions:** Whenever a partner received any type of physical or mental health/substance abuse related emergency intervention

12

## QUARTERLY ASSESSMENT FORM

Completed every 3 months to assess:

**Education:** Assesses current attendance level and grades, and whether the partner is currently receiving any type of special education

**Sources of Financial Support:** Assesses current sources of financial support

**Legal Issues/Designations:** Assesses current custody arrangements for children of the partner

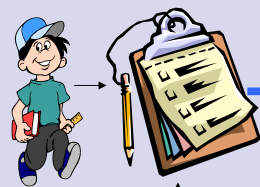
**Health Status:** Assesses current access to a primary care physician

**Substance Abuse:** Assesses whether the partner is currently considered to have a co-occurring mental illness and substance use problem and whether the partner is current receiving substance abuse services

**ADL / IADL – Older Adults Only:** Assesses current level of functioning in certain key areas

13

## Timeline: Form Administration



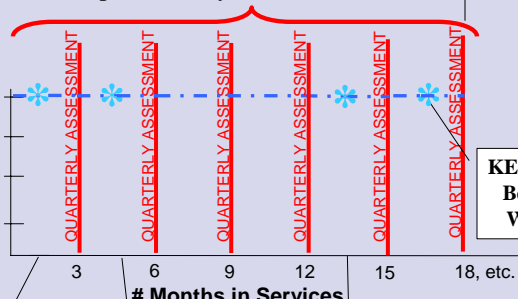
### Partnership Assessment

**Form (PAF):** Completed **ONCE** - when a partnership is established

KET due:  
Residential  
Move

### Quarterly Assessment Form (3M):

Completed every 3 months



KET due:  
Begins  
Work

### Key Event Tracking (KET):

Completed each time a change takes place

14

## Additional Information Regarding the FORM ADMINISTRATION TIMELINE



- If there has been an interruption in a partner's services for LESS THAN ONE YEAR, then KETs would be completed to indicate the key events that occurred during the lapse in time.
- If the interruption in a partner's services has lasted for MORE THAN ONE YEAR, then another PAF would be completed.

15

## Recap:



### FORMS AVAILABLE FOR 4 AGE GROUPS:

- Child/Youth (ages 0-15)
- Transition Age Youth (ages 16-25)
- Adults (ages 26-59)
- Older Adults (ages 60+)

### 3 TYPES OF FORMS:

- Partnership Assessment Form
  - completed *ONCE*, when the partnership is established  
(Exception: interruption in services)
- Key Event Tracking Form
  - completed *EACH TIME THERE IS A CHANGE* in a key event
- Quarterly Assessment Form
  - completed *EVERY THREE MONTHS*, starting from the date the partnership was established

16

## FSP Outcomes Assessments



- **Partnership Assessment Form**



- **Key Event Tracking**



- **Quarterly Assessment**



17

## Accessing the MHSA Full Service Partnership Outcomes Assessment Forms



18

http://www.dmh.ca.gov/poqi/

California Home

Thursday, March 16, 2006

Welcome to *California*

Performance Outcomes System

History & Legislation

System Documents

Letters

Reports and Presentations

Web-Based Data Reporting System

Training

Archive

MHSA Full Service Partnership Evaluation

Legislation

Forms

Data Submission

Reports and Presentations

Performance Measurement Advisory Committee (P-MAC)

Supportive Housing Initiative Act (SHIA)

California Department of Mental Health

Performance Outcomes and Quality Improvement (POQI): Home Page

The Performance Outcomes and Quality Improvement (POQI) unit is responsible for planning and implementing California's statewide public mental health performance outcome systems. These systems are the result of a collaborative effort between the California Department of Mental Health (DMH), California Mental Health Director's Association (CMHDA), and the California Mental Health Planning Council (CMHPC). The goal of California's performance outcomes system is to facilitate a process whereby mental health clients and their families receive the highest quality and most effective services in a manner that both empowers and respects them as individuals.

Subscribe to the POQI Website and receive email notification when new information is added.

Subscribe to POQI

Go to the DMH Performance Outcomes & Quality Improvement (POQI) Webpage at: [www.dmh.ca.gov/poqi](http://www.dmh.ca.gov/poqi)

http://www.dmh.ca.gov/poqi/

California Home

Thursday, March 16, 2006

Welcome to *California*

Performance Outcomes System

History & Legislation

System Documents

Letters

Reports and Presentations

Web-Based Data Reporting System

Training

Archive

MHSA Full Service Partnership Evaluation

Legislation

Forms

Data Submission

Reports and Presentations

Performance Measurement Advisory Committee (P-MAC)

Supportive Housing Initiative Act (SHIA)

California Department of Mental Health

Performance Outcomes and Quality Improvement (POQI): Home Page

The Performance Outcomes and Quality Improvement (POQI) unit is responsible for planning and implementing California's statewide public mental health performance outcome systems. These systems are the result of a collaborative effort between the California Department of Mental Health (DMH), California Mental Health Director's Association (CMHDA), and the California Mental Health Planning Council (CMHPC). The goal of California's performance outcomes system is to facilitate a process whereby mental health clients and their families receive the highest quality and most effective services in a manner that both empowers and respects them as individuals.

Subscribe to the POQI Website and receive email notification when new information is added.

Subscribe to POQI

Under the MHSA Full Service Partnership Evaluation, select > FORMS

Performance Outcomes and Quality Improvement (POQI): Home Page - Microsoft Internet Explorer

Wednesday, May 9, 2007

Welcome to California

California Department of Mental Health

Performance Outcomes and Quality Improvement (POQI): Full Service Partnership Outcomes Forms and Web-Based Data Entry

**NOW AVAILABLE: REVISED MENTAL HEALTH SERVICES ACT (MHSA) FULL SERVICE PARTNERSHIP (FSP) OUTCOMES ASSESSMENT FORMS**

*The REVISED MHSA FSP Outcomes Assessment forms are now available. Counties are advised to discontinue use of the 6/2/06 version of the FSP Outcomes Assessment forms as soon as possible.*

MHSA Full Service Partnership Outcomes Assessment forms are to be used by counties once local MHSA Plans are approved and MHSA Full Service Partner service delivery begins.

[Click here to download the revised FSP outcomes forms](#)

**IMPORTANT INFORMATION REGARDING REVISED FSP OUTCOMES ASSESSMENT FORMS**

The NEW revision date for the FSP Outcomes Assessment forms is 6/2/07. A detailed outline of these forms is available in the top right corner of each form. A detailed outline of these forms is available in the top right corner of each form. Attend trainings/workshops prior to using these forms.

These forms are primarily for use by the Full Service Partnership (FSP) System (DCR), but may also be helpful for use by the Full Service Partnership (FSP) System (DCR).

Click on the link to access the forms

Performance Outcomes and Quality Improvement (POQI): Full Service Partnership Outcomes Forms

To view the following documents you must have [Adobe Acrobat Reader](#).

**Child/Youth (ages 0-15)**

- [Partnership Assessment Form](#)
- [Key Event Tracking](#)
- [Quarterly Assessment](#)

**Transition Age Youth (ages 16-25)**

- [Partnership Assessment Form](#)
- [Key Event Tracking](#)
- [Quarterly Assessment](#)

**Adults (ages 26-59)**

- [Partnership Assessment Form](#)
- [Key Event Tracking](#)
- [Quarterly Assessment](#)

**Older Adults (ages 60+)**

- [Partnership Assessment Form](#)
- [Key Event Tracking](#)
- [Quarterly Assessment](#)

The forms are separated by each of the 4 age groupings.



## Submitting FSP Outcomes Assessment Data to DMH

23



## Submitting Data to DMH

- All data are submitted to the DMH Data Collection and Reporting System (DCR)
- Counties have two options for submitting FSP Outcomes Assessment Data to the DCR:

### Option 1: DCR Direct On-Line Key Entry

County staff directly key-enters FSP data into the DCR. DMH maintains and updates the DCR on-line FSP Outcomes Assessment forms.

### Option 2: DCR XML File Submission

County collects data using their own technology and submits XML (Extensible Markup Language) file data to the DCR. County maintains and updates the local data system.

**NOTE:** Forms are subject to revision, so counties are advised to select an option that is flexible to accommodate changes.

24

## Option 1: DCR Direct On-Line Key-Entry (Available June 2007)



- Provides a user-friendly interface
- Displays system messages that can be created by the county and/or DMH
- Provides on-line versions of the FSP Outcomes Assessment forms for direct key-entry
  - Displays the appropriate FSP Outcomes Assessment form based on a calculation between the form completion date and the partner's date of birth
  - Performs County Client Number verification against CSI data
  - Performs stringent data validations during data entry (i.e., displays error messages)
  - Allows users to save partially completed forms for later completion
  - Allows editing of submitted data
  - Provides a Validation Report to track which data elements need to be corrected or have yet to be completed
- Displays the assessment history for each partner
- Provides a “tickler” mechanism for PAFs that are incomplete
- Provides a “tickler” mechanism to track when a partner has been placed in certain key events statuses for more than 30 days (e.g., jail)
- Provides a “tickler” mechanism to track when quarterly assessments are due

## Option 2: DCR XML File Submission (Available July 2007)



- Allows counties to submit their XML formatted data files to DMH
  - Counties are responsible for ensuring that the most recent version of the DMH XML Schema Definition (XSD) is used to submit data
  - Current versions of the XSD can be downloaded by authorized users from the DMH ITWS at <https://mhhitws.cahwnet.gov/>
  - DMH will work with counties to determine what reporting time line is feasible.
- Provides instant feedback to county staff regarding the file upload status (i.e., whether or not the file was received by DMH)
- Provides a “Results File” that reports the status of each record that passed/failed the DMH validation process

**NOTE:** Forms are subject to revision, so counties are advised to select an option that is flexible to accommodate changes.

26



## *Downloading Data Submitted to DMH*

27



## **DOWNLOADING DATA SUBMITTED TO DMH**

- Data are available to authorized MHSA System users via the DCR
- Provides real time data download capability
- Currently, cumulative data are provided for download in an XML format (data files will only contain data that the user is authorized to download)
- XML data can be imported into an Access database for local reporting

28



## County Certification

29

### County Certification Requirements



- ▀ *Requirements depend on the option selected by counties to submit FSP data.*
- ▀ *All requirements are completed via conference call between counties and DMH POQI staff.*

#### DCR Direct On-Line Key-Entry

- ✓ Attend Full Service Partnership (FSP) Outcomes Assessment Training (2 hours)
- ✓ FSP Program ID Code Assignment (1/2 hour)
- ✓ Approver Designee Training (1 hour)
  - ✓ County Director will first need to identify Approver Designee(s)
- ✓ DCR Direct On-Line Key-Entry Training (1 hour)

#### DCR XML File Submission

- ✓ Attend Full Service Partnership (FSP) Outcomes Assessment Training (2 hours)
- ✓ FSP Program ID Code Assignment (1/2 hour)
- ✓ Approver Designee Training / DCR XML File Submission Training (1 hour)
  - ✓ County Director will first need to identify Approver Designee(s)

For more training information, including scheduling, visit the POQI web site at: <http://www.dmh.ca.gov/POQI/trainingMHSA.asp>

30

## FSP Program ID Code Assignment



- FSP Program ID Codes are important because they associate FSP outcomes with FSP programs
- County staff and POQI staff work collaboratively to assign a four digit, alphanumeric code to each FSP Program identified in the county CSS Plan
- DMH POQI staff (Marti Johnson) acts as the facilitator for this process by:
  - Providing a list of each county's FSP Programs
  - Gathering information about the nature of the programs to ensure that FSP Outcomes Assessments are appropriate

31

## Approver Designee Training



After being identified by the county director, trained Approver Designees will be responsible for:

- Setting up and maintaining user/group access to the DCR
- Approving requests for access to the DCR
- Determining the user group structure
- Assigning roles to enrollees (e.g., partnership service coordinator)
- Maintaining the user group structure
- Updating user accounts to ensure security

32



## Contacting DMH Staff

33



### DMH Performance Outcomes Contacts

POQI Support: [POQI.Support@dmh.ca.gov](mailto:POQI.Support@dmh.ca.gov)

**Traci Fujita Sauer, Research Program Specialist**

Phone: (916) 653-3300

Email: [Traci.Fujita@dmh.ca.gov](mailto:Traci.Fujita@dmh.ca.gov)

**Marti Johnson, Research Program Specialist**

Phone: (916) 654-3115

Email: [Marti.Johnson@dmh.ca.gov](mailto:Marti.Johnson@dmh.ca.gov)

**Brenda Grealish, Research Program Specialist**

Phone: (916) 654-3291

Email: [Brenda.Grealish@dmh.ca.gov](mailto:Brenda.Grealish@dmh.ca.gov)

**Alice Chen, Research Analyst**

Phone: (916) 654-3560

Email: [Alice.Chen@dmh.ca.gov](mailto:Alice.Chen@dmh.ca.gov)

---

**Stephanie Oprendeck, Chief, Evaluation Statistics, and Support**

Phone: (916) 653-3517

Email: [Stephanie.Oprendeck@dmh.ca.gov](mailto:Stephanie.Oprendeck@dmh.ca.gov)

34

<b>Marti Johnson</b> <a href="mailto:Marti.Johnson@dmh.ca.gov">Marti.Johnson@dmh.ca.gov</a> (916) 654-3115		<b>Brenda Grealish</b> <a href="mailto:Brenda.Grealish@dmh.ca.gov">Brenda.Grealish@dmh.ca.gov</a> (916) 654-3291		<b>Traci Fujita Sauer</b> <a href="mailto:Traci.Fujita@dmh.ca.gov">Traci.Fujita@dmh.ca.gov</a> (916) 653-3300	
Bay Area		Southern California		Central Valley	
Alameda Berkeley City Contra Costa Marin Monterey Napa San Benito San Francisco San Mateo Santa Clara Santa Cruz Solano Sonoma		Imperial Kern Los Angeles Orange Riverside San Bernadino San Diego San Luis Obispo Santa Barbara Ventura		Alpine Amador Calaveras El Dorado Fresno Kings Madera Mariposa Merced Modoc	Mono Placer Sacramento San Joaquin Stanislaus Sutter-Yuba Tulare Tulomne Yolo
Superior		Superior		Superior	
Lake Lassen Mendocino Nevada Plumas		Butte Colusa Del Norte Glenn Humboldt Inyo		Shasta Sierra Siskiyou Tehema Trinity	35